

9246

## PLACE OF BIRTH

NAME ADDED BY SUPPLEMENT

## ARIZONA STATE BOARD OF HEALTH

County of Apache

BUREAU OF VITAL STATISTICS

State Index No. 6

District of \_\_\_\_\_

## ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 70Town of EagarLocal Registrar's No. 12

City of \_\_\_\_\_

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

FULL NAME OF CHILD Hazel Clara PenrodBorn ☒ YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Alive ☒ NO

Sex of Child

GirlTwin, 2  
or other

and

Number in order of birth 7Legitimate? yesDate of Birth Apr 14 1916

(Month) (Day) (Yr.)

Full Name

FATHER John Ralph Penrod

Full Maiden Name

MOTHER Sarah Ann Butcher

Residence

Pine Top Ariz

Residence

Pine Top Ariz

Color or Race

WhiteAge at last Birthday 29 (Years)

Color or Race

WhiteAge at last Birthday 28 (Years)

Birthplace

Utah

Birthplace

Utah

Occupation

Farmer

Occupation

Home MakingNumber of child of this mother 7Number of children, of this mother, now living 6Were precautions taken against Ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Apr 14 1916, at 8:00 AM.

\*When there is no attending physician or midwife, then the householder should make this return.

Living

(Signature)

Annie Nelson  
(Attending physician, midwife, householder.)\*

Given or christian name added from a

Address

Eagar Arizsupplemental report \_\_\_\_\_ 1916Filed May 4 1916E. J. Adace

LOCAL REGISTRAR.

874-414-229

COUNTY REGISTRAR.

Filed May 24 1916

A True Copy

J. B. Bauldin

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.